



PARTNERS IN POLICYMAKING ACADEMY

A project of the Governor's Council for People with Disabilities

Application for Participation

Contact:

**Partners in Policymaking
c/o Governor's Council for People with Disabilities
150 W. Market St. Suite 628
Indianapolis, IN 46204**

**(317) 232-7771 Voice
(317) 233-3712 Fax
(866) 234-1635 (Toll free voice mail)
PIP@gpcpd.org**

This application and additional information is posted on the
Governor's Council for People with Disabilities
Web site at

**www.state.in.us/gpcpd
click on projects and then Partners in Policymaking**

This application can be made available in accessible formats upon request.

Dear Advocate:

- *Are you a parent of a child with a disability or a person with a disability?*
- *Would you like to see a barrier free society where everyone is a valued member of their community?*
- *Are you interested in promoting change within your community?*
- *Within the state?*

If you answered **YES!** to these questions, you might be interested in applying to become one of a growing number of over 500 people who are graduates of Indiana's Partners in Policymaking Academy. Partners is a leadership-training program for beginning and intermediate level advocates, that is scheduled for one Friday and Saturday a month for eight months.

The Partners in Policymaking Academy provides skill building, and up-to-date information on best practices regarding local, state, and national issues that affect individuals with disabilities. Upon graduation from the Partners in Policymaking Academy, participants will be prepared to advocate for themselves and their children, and to play a leadership role in policy development and advocacy within their communities.

Each session is devoted to specific topics with national, state and local experts as presenters. Partners are expected to complete assignments between sessions and to commit to one major assignment in their hometown.

The program is open to a limited number of people. If selected, the program will cover hotel, travel, childcare and other related expenses.

- **Session Dates: Sessions take place in Indianapolis, one weekend a month from October, 2008 through May, 2009. The sessions begin at 12:00 pm on Friday and end at 4:00 pm on Saturday. Specific session dates will be announced later.**

If you are selected for the Partners in Policymaking Academy Class of 2009, you will be expected to sign an agreement to:

- Attend all sessions and arrive on time
- Complete all monthly homework assignments
- Develop and carry out a community project
- Conduct yourself in a professional manner during the sessions or while representing Partners.

If selected, you will also be asked to pay a \$10 non-refundable Registration Fee, as a token of your commitment.

For additional copies of the application, brochures, or to schedule a presentation for 10 or more people, please contact Partners at (317)-232-7771 or PIP@gpcpd.org.

Please note: You may remove this front cover prior to submitting the application, if desired, so you have contact information and information about the program.

Applicant 09-

PARTNERS IN POLICYMAKING ACADEMY

Application for Participation

**Applications must be postmarked by Friday, June 6, 2008!! Please be thorough
Please Print**

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ IN, ZIP: _____

COUNTY: _____

CURRENT EMPLOYER (if applicable): _____

POSITION: _____

DAY TELEPHONE: (____) _____ FAX: (____) _____

EVENING TELEPHONE: (____) _____ CELL: (____) _____

E-MAIL: _____

Best time(s) to call you: _____

How did you learn about Partners? _____

Is the person who referred you a graduate Partner? ____ Yes ____ No ____ Don't know

How many times have you applied for Partners? _____

DEMOGRAPHIC INFORMATION (Confidential: Optional - For statistical purposes only)	
Applicant:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Primary Caregiver (Parent) <input type="checkbox"/> Both
Age:	<input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71+
Household Income:	<input type="checkbox"/> \$0 -\$15,000 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> \$35,001-\$50,00 <input type="checkbox"/> \$50,001-\$65,000 <input type="checkbox"/> \$65,001 +
Race or National Origin:	<input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

1. Are you a person with a disability? ☐ Yes ☐ No

2. Are you a parent of a child with a disability? ☐ Yes ☐ No

3. If you are a parent of a child/children with a disability, please indicate the following:

Child 1: Name:_____ Age:___ Gender:___ Disability:_____

Child 2: Name:_____ Age:___ Gender:___ Disability:_____

List other children in household with age of each:

4. Please describe your disability (or your family member's) and how it affects self-care, learning, receptive and expressive language, mobility, capacity for independent living; economic self-sufficiency.

5. What services (education, respite care, vocational training, case management, etc.) do you and/or your family member receive?

6. Why are you interested in participating in the Partners in Policymaking Academy? Is there a specific issue, problem, or area of concern that encouraged you to apply?

7. Why are you an excellent candidate for this program? (Use the back page if needed)

8. Describe your ability to work as part of a team and give an example.

9. Do you currently belong to any advocacy or civic organizations or support groups? If so, list them along with any offices you may hold. (Note: Membership in other organizations is not a requirement for your participation in this project.)

10. What types of experiences have you had in advocating for people with disabilities?

11. What skills, knowledge and abilities do you hope to gain if you are accepted into the Partners in Policymaking Academy?

12. If you are accepted, how will you use the skills and information you acquire for yourself/family and for others and the community?

13. Will you make a time commitment of two days (Friday noon through Saturday afternoon) once per month for 8 months? (October-May)

Attendance at ALL Partners in Policymaking sessions is mandatory!

_____ Yes _____ No

14. If you are employed, have you talked with your employer and arranged your work schedule?

_____ Yes _____ No _____ Not Applicable

15. Sessions will be held in the Indianapolis area. Is there any reason why you may not be able to travel to Indianapolis?

_____ Yes _____ No

If yes please explain: _____

16. Do you agree to complete monthly homework assignments?

_____ Yes _____ No

17. Are there any accommodations that you need to participate in this program?

_____ Yes _____ No

If yes, please check the accommodations that you need.

_____ Child Care or Respite Care (# of children _____)

_____ Personal Care Attendant

_____ Wheelchair Accessible Room

_____ Alternative Formats -Please describe: _____

_____ Service animal

_____ Accessible transportation _____ Wheelchair _____ Non Wheelchair

_____ Other, (interpreters, Assistive Listening Device etc) Please describe:

19. Do you have more information you want to share? (You may use the back page of the application)

20. PLEASE LIST TWO REFERENCES

(In order to have your application considered for the Partners Program, you must have *CURRENT name, address, ZIP CODE and phone number for all references*)

NO FAMILY MEMBERS:

1. Name: _____

Address: _____

City, State, Zip: _____ IN, _____

Day Time Phone: _____

E-mail: _____

2. Name: _____

Address: _____

City, State, Zip: _____ IN, _____

Day Time Phone: _____

E-mail: _____

NOTE:

- References will be contacted
- You may be called for a telephone interview.